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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER 10/710,778 | FILING DATE 08/02/2004 RULE | CLASS 424 | GROUP ART UNIT 1655 | ATTORNEY DOCKET NO. |
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/481,736 12/03/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/08/2004

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|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>PL</i> | | | | |

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TITLE

[Compositions and methods for the management of hyperproliferative dermatological conditions]

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| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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